

## HUMAN SERVICES DEPARTMENT[441]

## Adopted and Filed

Pursuant to the authority of Iowa Code section 514I.5, the Department of Human Services amends Chapter 86, “Healthy and Well Kids in Iowa (HAWK-I) Program,” Iowa Administrative Code.

These amendments align HAWK-I application filing date provisions with Medicaid and provide clarification in the definition of “client error.”

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 0332C** on September 19, 2012. The Department received no comments during the comment period. These amendments are identical to those published under Notice of Intended Action.

The HAWK-I Board adopted these amendments on December 17, 2012.

These amendments do not provide for waivers in specified situations; however, requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 514I.

These amendments will become effective April 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subrule 86.3(4) as follows:

**86.3(4)** ~~*Date and method of filing*~~ *Application filing date*. ~~The application is considered filed on the date an identifiable application is received by the third-party administrator or the department. An identifiable application is an application containing a legible name, address, and signature.~~

~~*a. Medicaid applications referred to the HAWK-I program.* When the family has applied for Medicaid first and the department makes a referral to the third-party administrator, the date the Medicaid application was originally filed with the department shall be the filing date.~~

*a. Date of filing.* The application is considered filed on the date an identifiable application is received by the third-party administrator or the department. An identifiable application is an application containing a legible name, address, and signature.

~~*b. Electronic applications.* When an application is submitted electronically to the third-party administrator, the application is considered filed on the date the third-party administrator receives Form 470-4016, HAWK-I Electronic Application Summary and Signature, containing a legible signature.~~

*b. Applications received after business hours.* When an application is received after business hours, it will be considered received on the next business day.

~~*c. Medicaid applications referred to the HAWK-I program.* When the family has applied for Medicaid first and the department makes a referral to the third-party administrator, the date the Medicaid application was originally filed with the department shall be the filing date.~~

ITEM 2. Amend subrule 86.19(1) as follows:

**86.19(1)** *Definitions.*

“*Administrative error*” means an action attributed to of the department or to the HAWK-I third-party administrator that results in incorrect payment of benefits, including premiums paid to a health or dental plan, due to one or more of the following circumstances:

1. Misfiled or lost form or document.
2. Error in typing or copying.
3. Computer input error.
4. Mathematical error.
5. Failure to determine eligibility correctly when all essential information was available to the HAWK-I third-party administrator.
6. Failure to request essential verification necessary to make an accurate eligibility determination.
7. Failure to make timely revision in eligibility following a change in policy requiring application of the policy change as of a specific date.

8. Failure to issue timely notice to cancel benefits that results in benefits continuing in error.
9. Failure of the department to provide correct information to the HAWK-I third-party administrator regarding a child's Medicaid eligibility.

*"Client error"* means any action or inaction ~~attributed to~~ of the enrollee or the enrollee's representative that results in incorrect payment of benefits, including premiums paid to a health or dental plan, ~~because the enrollee or the enrollee's representative~~ because at least one of the following occurred:

1. ~~Failed~~ The enrollee or the enrollee's representative failed to disclose information or gave a false or misleading statement, oral or written, regarding income or another eligibility factor; or
2. ~~Failed~~ The enrollee or the enrollee's representative failed to timely report a change as defined in rule 441—86.10(514I).

[Filed 12/17/12, effective 4/1/13]

[Published 1/9/13]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 1/9/13.